## PART B - FEE(S) TRANSMITTA

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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

						746-4000				
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed whe appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" fundamental process.									
	CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block I fo	r any change of address)		Note:	A certificate o	of mailing can only be used f	or domestic mailings of the		
	7590 02/09/2005 OIP					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	620 South Front St	Poulsen Roser Pacific, Inc. 620 South Front Street  APR 0 8 2006				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited w States Postal Service with sufficient postage for first class mail i addressed to the Mail Stop ISSUE FEE address above, or b transmitted to the USPTO (703) 746-4000, on the date indicated				
047	Central Point, OR 1 12/2005 HTECKLU2 0000			25	addres transn	ssed to the Ma	ail Stop ISSUE FEE address PTO (703) 746-4000, on the c	above, or being facsimile date indicated below.		
	1 FC:2503 550.00 OP		RADEMARK	RADEMARK ON		Jenjes	(Depositor's name) (Signature)			
VI.						80	(Signature)			
	APPLICATION NO.	FILING DATE		FIRST NAMED II			ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/787,268	02/26/2004		Mogens 1	N. Olesen		EVIPO019	6122		
	APPLN, TYPE	SMALL ENTITY	ISSUE F	FF	PI IRI ICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	YES	\$550			SO SO	\$550	05/09/2005		
	FYAM	EXAMINER ART UNIT					¬	03/09/2003		
						SUBCLASS				
		1661			228000					
	1. Change of correspondence CFR 1.363).	ν	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
		lence address (or Change of 22) attached.	of Correspondence or agents		OR, alternatively, me of a single firm (having as a member a 2					
	☐ "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required.			n form registered attorney or			or agent) and the names of up to attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
	PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will app Fa substitute	ear on the pate for filing an ass	nt. If an assig	nee is identified below, the d	ocument has been filed for		
	(A) NAME OF ASSIGNI	EE	(B		E: (CITY and S					
	Poulsen 1	Roser Als			densk		Denmark	<del>/</del>		
	Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	atent): 🗖 In	dividual	Corporation or other private gro	oup entity Government		
	The following fee(s) are	enclosed:	4b	Payment of	` '					
	Publication Fee (No si	mall entity discount permitte	ed)	Payment	in the amount of	f the fee(s) is e	nclosed.			
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpart of the property accepts the property authorized by the property accepts the property acc								credit any overpayment, to		
	5. Change in Entity Status	(from status indicated above	**	Deposit Acco	ount Number	50180	(enclose an extra co	opy of this form).		
		MALL ENTITY status. See		b. Applica	ant is no longer	claiming SMA	LL ENTITY status. See 37 CF	FR 1.27(g)(2).		
	The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issuablication Fee (if required) was of the United States Pate	te Fee and Publicat will not be accepted ent and Trademark	ion Fee (if an from anyone Office.	y) or to re-apply other than the	y any previous applicant; a reg	ly paid issue fee to the applicatistered attorney or agent; or th	tion identified above. e assignee or other party in		
•	Authorized Signature	Date 8 April 05								
	Typed or printed name	Deniese	Dahl			.Registration	n No			
1	This collection of information	n is required by 37 CFR 1.3	11. The information	is required t	o obtain or reta	in a benefit by	the nublic which is to file (and	by the LISDTO to areas :		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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*** 0 8 2005 B	U.S. Paten	PTO/SB/21 (02-04) Approved for use through 07/31/2006. OMB 0651-0031 t and Trademark Office; U.S. DEPARTMENT OF COMMERCE							
Under the Paperwork Reduction Act of 1995.	Application Number	n of information unless it displays a valid OMB control number. 10/787,268							
TRANSMITTAL	Filing Date	02/26/2004							
FORM	First Named Inventor	Mogens N. Olesen							
	Art Unit	1661 Kent Bell							
(to be used for all correspondence after initial i	Examiner Name								
	2 Attorney Docket Number								
Total Number of Pages in This Submission	3 Attorney bocket Number	Evipo019							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks	After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Part B - Fee(s) Transmittal							
	TURE OF APPLICANT, ATTORNI	EY, OK AGENT							
Firm or Poulsen Roser Pacific Individual name	- 0 10								
	eniese park								
Date 8 April 2005									
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is b	eing facsimile transmitted to the USPTO or	deposited with the United States Postal Service with tents, P.O. Box 1450, Alexandria, VA 22313-1450 on							
Typed or printed name  Deniese Dahl									
Signature Delwese Dell Date 8 April 2005									

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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Effective of		Complete if Known							
Fees pursuant to the Consolidated		Application Number 10/7		10/787,268	0/787,268				
FEE TRA		Filing Date	Date 02/26/2004						
For F	First Named In	First Named Inventor		sen					
Applicant claims small enti	Examiner Name		Kent L Bell						
	Art Unit	Art Unit 166		661					
TOTAL AMOUNT OF PAYMEN	IT (\$)	550.00	Attorney Docke	t No.	Evipo019				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Depos	it Account Nu	mber: <u>501828</u>	Deposit A	ccount N	ame:				
For the above-identified	deposit acco	ount, the Director is he	ereby authorized to	o: (checl	call that apply)				
Charge fee(s) indi	cated below		Charg	ge fee(s	) indicated below,	except for the filing fee			
Charge any additi	onal fee(s)	or underpayments of fo	ee(s) 🗸 Credi	t any ov	erpayments				
under 37 CFR 1.1 WARNING: Information on this form		ne public. Credit card ir	nformation should n	ot be inc	cluded on this form.	Provide credit card			
information and authorization on P	TO-2038.								
FEE CALCULATION									
1. BASIC FILING, SEARCH	I <b>, AND EX</b> FILING FE		RCH FEES	EYAI	MINATION FEES	2			
į.	Sma	II Entity	<b>Small Entity</b>		Small Entity				
		ee (\$) Fee (			(\$) Fee (\$)	Fees Paid (\$)			
,		50 500	250	20	100				
		00 100	50	13	-				
Plant 2	500 1	00 300	150	16	0 80				
Reissue, 3	300 1	50 500	250	60	0 300				
Provisional 2	200 1	00 0	0		0 0				
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity Fee (\$)			
Each claim over 20 (inclu					50	25 100			
Each independent claim of		luding Reissues)			200 360	180			
Multiple dependent claim  Total Claims Ext	tra Claims	Fee (\$) Fe	ee Paid (\$)			Dependent Claims			
- 20 or HP =		x =			Fee (\$)				
HP = highest number of total clair			D : 1 (0)						
Indep. Claims Ext	tra Claims		e Paid (\$)						
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge): Issue Fee \$550.00						\$550.00			
SUBMITTED BY //		() ()							

Registration No. Telephone 541-245-8050 Signature (Attorney/Agent) Date 04/11/2005 04/ Name (Print/Type) Deniese Dahl

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.